Please type a plus sign (+) inside this box ->	1 + 1	
r lease type a place sign () merce and		

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page $\underline{1}$ of $\underline{2}$

Name of Addition	al Joint Inventor, if any	/ :			A petition	n has bee	n filed for	this	unsigne	d inve	ntor
Given Nan	ne (first and middle [if any])				Family Name or Surname						
STEVEN				WOL	FF			1			
Inventor's Signature		,				_		_	Date		
Residence: City	WOODACRE	State	CA_		Country	US		Ci	itizenshi	p U	S
Post Office Address	Post Office Address 41 Maple										
Post Office Address								 1			
City	Woodacre	State	CA		ZIP 9	4973	Cou	intry	US		
Name of Addition	Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any]) Family Name or Surname											
202					THI IM	ACHER					
ROD Inventor's	<u> </u>				CITOWI	ACILIC					
Signature						1		-	Date	•	
Residence: City	LOS ANGELES	State	CA		Country	US			Citizens	ship_	US
Post Office Address	6374 Arizona Circle										
Post Office Address						,					
City	Los Angeles	State	CA		ZIP	90045		ountr	y US		
Name of Additio	nal Joint Inventor, if an	ıy:		X	A petition	on has be	en filed fo	or this	unsign	ed inv	entor
Given Na	me (first and middle [if any])				Fam	ly Name	or Su	ırname		
ANDREW				BRY	ANT				,		
Inventor's Signature									Dat	e	
Residence: City	RIVERSIDE	State	CA		Country	US_			Citizen	ship	US
Post Office Address	11048 Carlota St.										
Post Office Address	,		1					ι—			
City	Riverside	State	CA		ZIP	92509)	Co	untry	US	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a pl	us sign (+) inside this box →	+

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

Name of Addition	nal Joint Inventor, if an	y:	-	□ A	petition	has been fil	ed for this	unsign	ed inv	entor	
Given Nar	me (first and middle [if any])		Family Name or Surname							
MARCY				HAMILTON							
Inventor's Signature	Mary 1	Jan	ils	0			Date	<u>1</u> :	2/16/01		
Residence: City	LOS ANGELES	State	CA	c	ountry [JS		Citizens	hip U	S	
Post Office Address	6374 Arizona Circle										
Post Office Address							<u>,</u>				
City	Los Angeles	State	CA		ZIP 9(0045	Country	US			
Name of Additional Joint Inventor, if any:											
Given Name (first and middle [if any]) Family Name or Surname											
STRATH ()											
Inventor's Signature	Strath	Hu	~ /					Da	te	12/16/0	
Residence: City	LOS ANGELES	State	CA	С	ountry	US		Citizeı	nship_	US	
Post Office Address	6374 Arizona Circle									·	
Post Office Address			_								
City	Los Angeles	State	CA_		ZIP	90045	Count	y U	S		
Name of Addition	nal Joint Inventor, if ar	ıy:		<i></i>	A petitio	n has been fi	led for this	unsigi	ned inv	rentor	
Given Na	me (first and middle [if any)				Family N	ame or S	urname			
DANA				TASC	CHNEF	<u> </u>					
Inventor's Signature								Da	ite		
Residence: City	CORONA DEL MAR	State	CA		Country	US		Citize	nship	US	
Post Office Address	1116 Dolphin Terrace										
Post Office Address					ĭ		- T -				
City	Corona del Mar	State	CA		ZIP	92625	Co	ountry	us		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

į...

ويجتاع ≘ <u>|</u>__ ħJ

D:+1 319	9	3673
----------	---	------

Please type a plus sign (+) inside this box -> +

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMS control number.

DEC	LA	RATION	1-	<u> </u>	<u>tility</u>	or C	<u>)es</u>	igr	P	aten	t /	\pp	licatio	n
I hereby claim: United States United States of Information wh and the national	hereby claim the benefit under 35 U.S.C. 120 of any United States application(e), or 305(c) of any PCT international application dealgranting the United States of America, listed below and, interior as the subject matter of each of the claims of the application is not disclosed in the prior united States of PCT international explication in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to paramiability as defined in 37 CFR 1.56 which became sivalights between the filing date of the prior application and the national or PCT international filing date of this application.													
U.	S. Pero	nt Applicati Numb		PCT	Parent				liing D/YY	Date YY)	Parent Patent Number (if applicable)			
	Additional U.S. or PCT intermetional exp													
		ereby appoint the macted thereus	b: 🗆	Custom OR	Nar N umi					j		→┌	Place Cust Number Bar Label he	omer Code
			(4)	VAR-98	Regist		annun'	agasir a	(COLL ING				Regit	stration
	Name			 	Neg					Mame		<u></u>	No.	mber
Sanfor	DAS	TOR.		2074	48									
Additional	recisters:	(a) n	med	u sribb	gmenta)	Registered	Predi	tioner	niçanı	tion shee	APTO	28/050	witeched her	to.
Direct all con	esponde			ner Nur Code L						OR [XI c	owerb	ondence add	ress below
Name	SANI	FORD AS	OR.	SAN	VFOR	D AST	OR				<u>.</u>			
Address	1050	WEST P	CO	BLV	<u>D.</u>									
Address	Suite	200										_		
City	LOS	ANGELES	3				31	nte	CA		ŻIP	9000	54	
Country	US			74	lephor	ı → 310-	470-	6852	2		Fax	310	470-3673	3
believed to be punishable by	true; en	I statements ma d further that the applicanment, or t issued thereon.	DOO'S L	ein of m ternenti under 1	ny own i Lwom n BU.S.C.	inowledge rade with t 1001 and	ere tru he kno thet s	p and wiedge uch wi	that a e that Mul 19	il staterni wilifyl fels ise stater	eits mi le stati Nertis i	ede on ements Taty jeo	Information an and the like a pardize the vi	id belief are o made are alidity of the
Nume of S	ole or F	irst invento	r:					4 petit	jon he	s been f	led fo	rthis u	nsigned inve	entor
G	iven Nan	ne (first and mil)	DI.	anyl)						Family	Nam	e or St	mame	
WILLIA	<u>M</u> 5	COLD	D				MO	OUL	TOI	N				
inventor's Signature		2	ace	in									Date	12/12/0
Résidence:	City	KENTFIE	_		State	CA	C	ountry	ับ	S			Çitizenship	US
Post Office A	daress	838 Sir Fr	anci	Dra	ke Bl	vd.								
Post Office A	/ddress													
City		Kentfield	Shele	CA		ZIP	94	904			Ca	mky	US	
X Additions	d Invento	ers are being n	amed c	onthe	2 ,,,	polemen	al Add	iltions	i hive	ntor(s)sl	rect(s)PTO/	\$8/02A attac	hed heret

Please type a plus sign (+) inside this box —	+	Ì
i loudo typo a pilao digit ()		ı

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains

a valid OMB control number. **Attorney Docket Number** 50770 **DECLARATION FOR UTILITY OR** MOULTON, WILLIAM **First Named Inventor DESIGN** COMPLETE IF KNOWN PATENT APPLICATION Application Number (37 CFR 1.63) Filing Date X Declaration Declaration Group Art Unit Submitted after Initial Submitted OR Filing (surcharge with Initial (37 CFR 1.16 (e)) **Examiner Name** Filing required)

As a below named inventor, I hereby declare that:										
My residence, post office a	ddress, and citizenship are a	s stated below next to my	name.							
I believe I am the original, names are listed below) of FILM LANGUA	first and sole inventor (if only the subject matter which is $c \over GE$	one name is listed below) claimed and for which a pa	or an original, firs tent is sought on t	st and joint inventor (if plural the invention entitled:						
the specification of which	(Title	of the Invention)								
is attached hereto	(rac	or the invention								
was filed on (MM/DD/YYYY) as United States Application Number or PCT International										
Application Number and was amended on (MM/DD/YYYY) (if applicable).										
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
	isclose information which is a		defined in 37 CFF	₹ 1.56.						
	PC1 international application	on which designated at le	eign application fo	ation(s) for patent or inventor's other than the United States of or patent or inventor's certificate, rity is claimed.						
Prior Foreign Application		Foreign Filing Date	Priority Not Claimed	Certified Copy Attached?						
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES NO						
Additional feroign applies	ation numbers are listed on a	supplemental priority data	sheet PTO/SB/0	2B attached hereto:						
I hereby claim the herefit	inder 35 U.S.C. 119(e) of an	v United States provisiona	l application(s) list	ed below.						
Application Number		e (MM/DD/YYYY)								
60/257,660	12/22/2000		Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/02A (3-97)

Sign (+) inside this box -> + Approved for use through 9/30/36. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARYMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

nal Joint Inventor, if an	y:	ļ	A petiti	on has been file	d for th	nis unsigne	ed inv	entor
me (first and middle (if any))			Family Na	me or	Sumame		
		H,	AMILTO	N				
	- 					Date		
LOS ANGELES	State	CA	Country	บร		Citizensh	ip U	IS
6374 Arizona Circle								
	,		.,					
Los Angeles	State	CA	ZIP	90045	Countr	US		
nal Joint Inventor, if an	y:		A petiti	on has been file	d for th	nis unsigne	ed inv	entor
Given Name (first and middle [if any]) Family Name or Surname								
HAMILTON HAMILTON								
				-1		Date	· · · · ·	
LOS ANGELES	State	CA	Country	US		Citizens	thip	US
6374 Arizona Circle								
Los Angeles	State	CA	ZIIP	90045	Cour	try US		
al Joint Inventor, if an	y:	[A petition	on has been file	d for th	is unsigne	wai ba	entor
ne (first and middle [if any])				Family Nar	ne or :	Sumame		
		TA	SCHNE	<u>R</u>				
Due &						Date		1411/4
SUNSET BEACH	State	CA	Country	US		Citizens	ahip	US
P.O. Box 1675					-			
Sunset Beach	State	CA	ZIP	90742	С	ountry [JS	
	LOS ANGELES 6374 Arizona Circle Los Angeles and Joint Inventor, if anne (first and middle [if any]) LOS Angeles 6374 Arizona Circle Los Angeles and Joint Inventor, if anne (first and middle [if any]) Los Angeles and Joint Inventor, if anne (first and middle [if any]) SUNSET BEACH P.O. Box 1675	Los Angeles State al Joint Inventor, if any: Ine (first and middle [if any]) LOS ANGELES State 6374 Arizona Circle Los Angeles State al Joint Inventor, if any: Ine (first and middle [if any]) SUNSET BEACH State P.O. Box 1675 Sunset Beach State	LOS ANGELES State CA And Joint Inventor, if any: LOS Angeles State CA And Joint Inventor, if any: LOS Angeles State CA 6374 Arizona Circle LOS ANGELES State CA 6374 Arizona Circle LOS Angeles State CA 6374 Arizona Circle Los Angeles State CA State CA CA P.O. Box 1675 Sunset Beach State CA State CA CA CA CA CA CA CA CA CA CA	HAMILTO LOS ANGELES State CA Country 6374 Arizona Circle Los Angeles State CA ZIP (A petition of the country) MAMIL LOS ANGELES State CA Country HAMIL LOS ANGELES State CA Country 6374 Arizona Circle Los Angeles State CA ZIP (first and middle [if any]) LOS Angeles State CA ZIP (first and middle [if any]) TASCHNEI SUNSET BEACH State CA Country P.O. Box 1675	HAMILTON LOS ANGELES State CA Country US 6374 Arizona Circle Los Angeles State CA ZIP 90045 Tal Joint Inventor, if any: A petition has been file first and middle [if any]) Family Nath HAMILTON LOS ANGELES State CA Country US 6374 Arizona Circle Los Angeles State CA ZIP 90045 Los Angeles State CA Country US 6374 Arizona Circle Los Angeles State CA ZIP 90045 Tal Joint Inventor, if any: A petition has been file file file file file file file file	HAMILTON LOS ANGELES State CA Country US State CA ZIP 90045 Country LOS Angeles State CA ZIP 90045 Country Manual Joint Inventor, if any: LOS Angeles State CA Country US LOS Angeles State CA Country US LOS Angeles State CA Country US LOS Angeles State CA ZIP 90045 Country HAMILTON LOS Angeles State CA Country US 6374 Arizona Circle Los Angeles State CA ZIP 90045 Country I A petition has been filed for the manual distribution of the country US TASCHNER SUNSET BEACH State CA Country US SUNSET BEACH State CA Country US Sunset Beach: State CA ZIP 90742 C	HAMILTON Date LOS ANGELES State CA Country US Citizensh 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	HAMILTON Date LOS ANGELES State CA Country US Critizenship US

surroun Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer. Patent and Trademark Office. Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

ī ļ. 1 ļ. ħ

Please type a plus sign (+) inside this box -> +

PTQ/SB/02A (3-97)

PTC/SB/02A. (3-97)

Approved for use through size.

Patiens and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it complets a valid OARS control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

Name of Additio	nal Joint Inventor, if a	ny:			A petitio	on has been fil	ed for thi	s vasig	ned im	ventor	
Given Na	me (first and middle (if an)	0				Family N	eme or S	Uranic	:		
STEVEN				WOLFF							
luventer's Significa	Alle	1/	1)9	1			17.	1/10/	01		
Residence: City	WOODACRE	State	CA		Country	US		Citizen	etnip (rs	
Post Office Address	41 Maple	(sn	ran	ir)							
Post Office Address	PO 1061	CB	DST	<u>)</u>							
City	Woodacre	State	CA		ZIP 9	4973	Country	us			
Name of Additional Joint Inventor, if any:										eritor	
Gîven Na	me (first and middle (if any		Family Name or Sumame								
ROD				S	CHUM	ACHER					
Inventor's Signature				Date							
Residence: City	LOS ANGELES	State	CA		Country	us		Circ	nghip	US	
Post Office Address	6374 Arizona Circle		·								
Post Office Address											
City	Los Angeles	State	CA		ZIP	90045	Count	~ U	\$		
Name of Addition	nal Joint Inventor, if a	ıy:			A petitio	n has been file	ed for this	unsigi	ned inv	Brutot	
Given Na	me (first and middle (if any	ď				Family No	me or S	umame			
ANDREW				BRY	ANT						
Inventor's Signature								De	0e		
Residence: City	RIVERSIDE	State	CA		Country	US		Citiza	nethip	us	
Post Office Address	11048 Carlota St.										
Post Office Address	· · · · · · · · · · · · · · · · · · ·				1	1					
City	Riverside	State	CA		21P	92509	Co	untry	U\$		

Burden Hour Statement: This form is estimated to take 0.4 nours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, Patent and Tradement. Office. Washington, DC 20231. OO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Parents, Washington, DC 20231.

T Ē. Į.i.

PTO/SBAUZA (3-97)

sign (+) inside this box

+ Approved for use through \$30/68. OMB 0651-0032

Patent and Tradement Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Please type a plus sign (+) inside this box -> +

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

Name of Addition	nal Joint Inventor, if a	ny:			TA petiti	on has been	filed for th	is unsic	med in	wentor	1
Given Na	me (first and middle [if any	D)		Femily Name or Sumame							j
STEVEN				WOLFF							
Inventor's Signature								Date]
Residence: City	WOODACRE	State	CA		Country	U\$		Citizen	ship	US	
Post Office Address	41 Maple										j
Post Office Address								-			
City	Woodacre	State	CA		Z19 S	4973	Country	US			
Name of Additional Joint Inventor, if any:											
Given Name (first and middle [if any]) Family Name or Suman											1
ROD		1		إ	SCHUM	ACHER					
Inventor's Signature	Tal &		u	e 1.	al	L		0.	rte	12/13/	o
Residence: City	LOS ANGELES	State	CA-		Country	us			nahip	US	
Post Office Address	6374 Arizona Circle	PT::::::-									
Post Office Address											
City .	Los Angeles	State	CA		ZIP	90045	Coun	ט עים	s		
Name of Addition	ral Joint Inventor, if an	ıy:		С	A petitio	n has been f	iled for thi	s unsig	ned in	ventor	
Given Nar	me (first and middle (if any)			· · · · · · · · ·	Family N	larme or S	umame			
ANDREW				BRY	YANT						
Inventor's Signature								Da	te		
Residence: City	RIVERSIDE	State	CA		Country	บร		Citize	nship	UŞ	
Post Office Address	11048 Carlota St.										
Post Office Address											
City	Riverside	State	CA		ZIP	92509	Co	untry	US		

Surden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case, Any comments on the amount of time, you are required to complete this form should be the Chief Information Officer, Patent and Trademark. Office, Washington, DC 20231.